



State of Louisiana

Department of Health and Hospitals
Office of Public Health
Bureau of Emergency Medical Services

OFFICIAL MEMORANDUM

TO: BUREAU OF EMS INSTRUCTORS / EMS AGENCY DIRECTORS
FROM: DONNIE R WOODYARD JR., DIRECTOR
SUBJECT: ENHANCEMENT OF EMR AND EMT SCOPE OF PRACTICE TO INCLUDE USE OF INTRANASAL NALOXONE FOR SUSPECTED OPIOID OVERDOSE WITH SEVERE RESPIRATORY DEPRESSION.
DATE: AUGUST 11, 2014
CC: EMS CERTIFICATION COMMISSION

In response to HB No. 754, enacted by Governor Jindal and effective August 1, 2014, which allows all EMS Practitioners – including Emergency Medical Responders, Emergency Medical Technicians, Advanced-EMTs, and Paramedics – to “receive a prescription for naloxone or another opioid antagonist, maintain the naloxone or other opioid antagonist in [their] possession, and administer the naloxone or other opioid antagonist to any individual who is undergoing or who is believed to be undergoing an opioid-related drug overdose”, the EMS Certification Commission has enhanced the scope of practice of Emergency Medical Responders, Emergency Medical Technicians, and EMT-Is, to include the use of intranasal naloxone. (Note: this scope enhancement only applies to intranasal administration, not intravenous or intramuscular injection.)

This memorandum serves as notification that, with appropriate training and credentialing as outlined below, EMRs and EMTs may now carry and utilize intranasal naloxone. Be aware that opioid overdose patients may become combative when treated with naloxone. Be prepared to keep the patient and your crew safe. Basic Life Support providers should consider requesting Advanced Life Support if naloxone administration is required.

Medication/device specifications:

The Louisiana Bureau of EMS does not endorse any one manufacturer; however, at the time of this memo the only currently available formulation of naloxone in a prefilled syringe acceptable for EMR/EMT intranasal use is the **Naloxone HCL Inj., USP (1mg/mL) Luer-Jet Prefilled Syringe (NDC#76329-3369-1).**

The nasal atomizer device (packaged and sold separately) will need to be attached to this syringe in order to administer the medication via the intranasal route. Currently, there is a single manufacturer: **Teleflex MAD300/ LMA® MAD Nasal™ Intranasal Mucosal Atomization Device without Syringe**; these items do not yet have an NDC #.

In order for an EMR or EMT to utilize this scope of practice enhancement, they must complete the following training package at the EMS service level:

EMR Intranasal Naloxone (Narcan)

Presentation Methods:

- **EMS Service-level Training (three options for group/classroom based learning)**
 - Use the presentation under the title *EMR & EMT Intranasal Naloxone.*

Mandatory Skills Practical: See below.



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Documentation:

- EMS Service: Roster for both presentation and practical listing students and instructor(s)

BLS Intranasal Naloxone Practical

- Materials required:
 - Drug delivery devices (atomizer, syringe, etc.)
 - Saline
 - Airway manikin
- Objectives:
 - Recognize the signs and symptoms of an overdose
 - Identify the indications, contraindications, and adverse reactions of naloxone (Narcan)
 - Prepare and administer intranasal naloxone
 - Describe how continued support will be provided to the patient
- Procedure Practice: All students should practice with an atomizer to understand how it generates an atomized mist. The device operates via hydraulic forces, so adequate compression is required to create an atomized mist. The harder you push the plunger on the syringe, the better misting effect you will achieve.
 - Using the device - general:
 - Have students draw up 2 mL of saline into a needleless 3 mL luer lock syringe
 - Expel all air from the syringe
 - Connect the atomizer tip to the syringe
 - Briskly compress the syringe plungers to atomize the fluid
 - Vary the pressure applied to the syringe and note that slow compression fails to create an adequate atomized mist
 - Now practice atomizing one mL of solution and stopping, then atomizing the remainder one mL